(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	-
Certified Copies Certificates of Status	-
Special Instructions to Filing Officer:]
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations

(Nan	ne of Limited Liability Company)	
The enclosed Articles of Organization and	fee(s) are submitted for filing.	
Please return all correspondence concerning	ng this matter to the following:	
Larry B. Perkins		
	(Name of Person)	
Administrative Concept	s Corp	
	(Firm/Company)	
406 43rd Street West		
	(Address)	SEAL(
Bradenton, Florida 34	1209	SEP OR SE
	(City/State and Zip Code)	
For further information concerning this ma	itter, please call:	OF STA
Larry B Perkins	at (3: 46
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following a	mount:	
\$125.00 Filing Fee \$130.00 Filing Certificate of S		s &
Mailing Addres Registration Sect		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



RTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPA				
ARTICLE I - Name:				
The name of the Limited Liability Cor	npany is:			
21st Century Concepts LLC				
0.1 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	any, "Limited Company" or their abbreviation "LLC," or "L.C.,")			
(Must end with the words "Limited Liability Comp	any, Entitled Company of their hoose valuon lenet, or these y			
	any, Emilieu Company of their above that an Edec, of Edec, 7			
ARTICLE II - Address:	s of the principal office of the Limited Liability Company is			
ARTICLE II - Address:				
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Liability Company is			
ARTICLE II - Address: The mailing address and street address Principal Office Address:	of the principal office of the Limited Liability Company is Mailing Address:			

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Sarah M. Peel	
	Name
4700 Riverview Blvd	
Florida s	treet address (P.O. Box NOT acceptable)
Bradenton	FL 34209
City	, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2



ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGRM	Sarah M. Peel	
	4700 Riverview Blvd	
	Bradenton, FL 34209	
		
		2006 SEP
		— <u>×</u>
		
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		7
(Use attachment if necessary)		
CIEV. Effective data if other than	the data of filing:	TIONAI)
effective date is listed, the date mus	the date of filing: (OP st be specific and cannot be more than five busin	ess days pr
90 days after the date of filing.)	st be speeme and cannot be more than the susti	coo anyo pr
v		
<u>REQUIRED</u> SIGNATURE:		

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Sarah M. Peel

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)